02724

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanjemoy
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 6106 - 42nd Place

3. NAME OF DECEASED (Type or Print) (First) Cecilia (Middle) Joan (Last) Ashmead
4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S.
8. DATE OF BIRTH 12-28-49
9. AGE last birthday yrs. If under 1 year: Months 2, Days 21; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John C. Ashmead
14. MOTHER'S MAIDEN NAME Amie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS father & mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

795.5 Immediate cause (a) Natural causes real

Antecedent cause(s)

200a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) nature undetermined — 3-21-50

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Med examiner 19 to 1 case, 19, that I last saw the deceased alive on, 19, and that death occurred at 6 20 A.m., from the causes and on the date stated above.

SIGNATURE C. J. Redden (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 3-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 3/21/50
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 3/21/50
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Chambers Bros, Hyattsville, Md. ADDRESS

9-R-R-28-9-00-0-99-R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1950
BUREAU V. S.

02729

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey
LENGTH OF STAY (in this place) 23
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bauserman (Middle) A. (Last) Charles.
4. DATE OF DEATH (Month) March (Day) 28 (Year) 1950.

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 9, 1902
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman
10b. KIND OF BUSINESS OR INDUSTRY (Lumber-Sawmill)
11. BIRTHPLACE (State or foreign country) Dietrick, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Lemuel T. Bauserman
14. MOTHER'S MAIDEN NAME Margaret Hiden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Charles A. Bauserman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Thrombosis	Immediate
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	3 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank G. Susan (Degree or title) M. D. ADDRESS DATE SIGNED 3-28-50.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/30/50
NAME OF CEMETERY OR CREMATORY Whitmore
LOCATION (City, town, or county) (State) Manassas Va

DATE REC'D BY LOCAL REG. 3-29-50
REGISTRAR'S SIGNATURE ~~M. L. Moore~~ Mrs. Oddy Price
24. FUNERAL DIRECTOR Hunt & Ryon, ADDRESS Waldorf, Md.

98809

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Mrs Price

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02725

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) (Last) BURCH

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1950

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: June 17 1874

9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Swann

14. MOTHER'S MAIDEN NAME: Lucy Cartwright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Lucille Burch, Hughesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4201 **Immediate cause** (a) CORONARY THROMBOSIS

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ARTERIOSCLEROSIS GENERALIZED

(c) ANEMIA, CEREBRAL, DUE TO (B)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTHRITIS, HYPERTROPHIC

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 4, 1948, to MARCH 27, 1950, that I last saw the deceased alive on MARCH 26, 1950, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alfred R. Lapin, M.D. ADDRESS AQUASCO, MD DATE SIGNED March 28, 1950

23. BURIAL, CREMATION REMOVAL (Specify) DATE 3/30/50 — NAME OF CEMETERY OR CREMATORY St Mary's — LOCATION (City, town, or county) (State) Brycetown

DATE REC'D BY LOCAL REG. 3-29-50 — REGISTRAR'S SIGNATURE M. L. Mourer — 24. FUNERAL DIRECTOR Hunt & Ryder Waldorf Md — ADDRESS

4-1-50 Julia H Posey

VS-A15

RECEIVED
APR 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02726

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Issue
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Issue
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Julia (Last) Burroughs

4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 15, 1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Self + others

11. BIRTHPLACE (State or foreign country): Charles Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Swann

14. MOTHER'S MAIDEN NAME: Mary Georgiana Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Mary Donnelly, Issue, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
443	Immediate cause	(a) Congestive Heart Failure	3-10-50
93	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	6-8-49
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8, 1949, to 3-30, 1950, that I last saw the deceased alive on 3-29, 1950, and that death occurred at 9:00 A m., from the causes and on the date stated above.

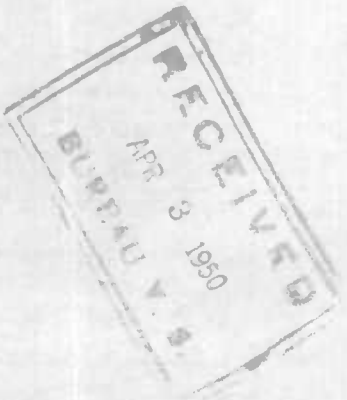
SIGNATURE: E. J. Edelen (Degree or title): M.D. ADDRESS: La Plata Md DATE SIGNED: 3-30-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4-1-50 — NAME OF CEMETERY OR CREMATORY: Holy Ghost — LOCATION (City, town, or county) (State): Issue Md

DATE REC'D BY LOCAL REG.: 3/30/50 — REGISTRAR'S SIGNATURE: Julia H. Casey

24. FUNERAL DIRECTOR ADDRESS: Hunter + Ryan, Waldorf Md

52086


RECEIVED
APR 3 1950
BUFFALO, N. Y.

Evidence for change of age shown on:

FILM No. G 124 MAR 24 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02727

CERTIFICATE OF DEATH

Reg. Dist. No. 102

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanjemoy
LENGTH OF STAY (in this place) 83 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanjemoy
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Lemuel (Middle) Thomas (Last) Carroll

4. DATE OF DEATH (Month) March (Day) 15 (Year) 1950

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb 13, 1868

9. AGE last birthday 82 ~~83~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Builder

11. BIRTHPLACE (State or foreign country) Nanjemoy, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Anthony Carroll

14. MOTHER'S MAIDEN NAME Angeline Posey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Lena H. Carroll

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Arteriosclerotic Heart Disease

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to March, 1950, that I last saw the deceased alive on March 2nd, 1950, and that death occurred at 1 20/A m., from the causes and on the date stated above.

SIGNATURE Percival C. Smith (Degree or title) M.D. ADDRESS Indian Head, Maryland DATE SIGNED 3-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Buried DATE Mch 19, 1950 NAME OF CEMETERY OR CREMATORY Mt. Hope Bapt. Church LOCATION (City, town, or county) Charles County (State) Md

DATE REC'D BY LOCAL REG. Mch 16 1950 REGISTRAR'S SIGNATURE U. V. Thompson

24. FUNERAL DIRECTOR Montgomery Bros. 913 Fla Ave N.W. Wash. D.C. 308 V9 ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1950
BUREAU V. R.

02728

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bellalton Md — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: No

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bellalton Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Carter
4. DATE OF DEATH: (Month) 3 (Day) 11 (Year) 1950
5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 11-14-1914
9. AGE last birthday: 35 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Bridge Contractor
11. BIRTHPLACE (State or foreign country): Bellalton Md
12. CITIZEN OF WHAT COUNTRY? NSA
13. FATHER'S NAME: Thomas Carter
14. MOTHER'S MAIDEN NAME: Rose Floyd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: 579-13-3753
17. INFORMANT: Margarite Carter wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 x Immediate cause (a) PULMONARY TUBERCULOSIS — 1 yr

13b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949 to Mar 10, 1950, that I last saw the deceased alive on Mar 8, 1950, and that death occurred at 4 PM m., from the causes and on the date stated above.

SIGNATURE: Everett Spencer Jr MD (Degree or title) — ADDRESS: Bellalton Md — DATE SIGNED: Mar 12-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/13/50 — NAME OF CEMETERY OR CREMATORY: St Ignatius — LOCATION (City, town, or county): Bellalton (State) Md

DATE REC'D BY LOCAL REG.: 3/12/50 — REGISTRAR'S SIGNATURE: M L Monroe — 24. FUNERAL DIRECTOR: Hewitt & Ryan — ADDRESS: Waldorf Md

3/14/50 Julia H. Pasey

988 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR 15 1950
BUREAU

02730

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 104

1. PLACE OF DEATH:
County Charles
City or town Cobb Island
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Charles
City or town Cobb Island
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME George A Cullison

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife Mary C. Cullison
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 8, 1874

8. AGE:

Years	Months	Days	If less than one day
75	8	19	hrs. min.

9. Birthplace St. Mary's Co. Md. (Town, county, and state)
10. Usual occupation Merchant
11. Industry or business Groceries & Hardware

FATHER
12. Name William Cullison
13. Birthplace St. Mary's Co. Md.

MOTHER
14. Maiden name Charlotte L. Thompson
15. Birthplace St. Mary's Co. Md.

16. Informant Violet E. Barrett
Address 1708 Kenyon St. N.W. Wash. D.C.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 3/29/50 (month) (day) (year)
Cemetery or crematory Cedar Hill
Location Suitland, Md.

18. Funeral director Huntt & Ryon
Address Waldorf, Md.

19. 3/28 1950 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1950 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Carbon monoxide poisoning	3-27-50
Due to	
Due to	
Other conditions	

973.1
(Include pregnancy within 3 months of death)

Major findings of operations
163 M Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 3-27-50
Where did injury occur? Cobb Island Chas Md. (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Exhaust pipe line to cabin of truck

23. SIGNATURE [signature] M. D. or other
Address Loffleta Md. Date signed 3-27-50

15661

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
APR 3 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

02731

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Elizabeth (Last) Day

4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-14-1876

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Charles Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A. U.S.

13. FATHER'S NAME: James Green

14. MOTHER'S MAIDEN NAME: Ann Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Viola Powell Newburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
171 X Immediate cause	(a) Hepatic failure	2 days
Antecedent cause(s)		
48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Secondary carcinoma of liver	Unknown
	(c) Carcinoma of cervix uteri	1-2 yrs. (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1950, to March 14, 1950, that I last saw the deceased alive on March 13, 1950, and that death occurred at 7 00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James L. MacKavanagh, M.D. — ADDRESS: La Plata, Md. — DATE SIGNED: 3-14-50

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE: 3/16/50 — NAME OF CEMETERY OR CREMATORY: St. Mary's — LOCATION (City, town, or county) (State): Newport, Md

DATE REC'D BY LOCAL REG. 3/16/50 — REGISTRAR'S SIGNATURE: Julia H. Casey — 24. FUNERAL DIRECTOR: Hewitt & Ryon, Waldorf, Md — ADDRESS

RECEIVED
MAR 17 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

02732

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 10

1. PLACE OF DEATH
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mason Springs
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mason Springs
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Gertrude	Bertha	Ford		March	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Single	Jan. 16, 1950	— yrs.	one	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Mason Springs, Md.	U.S.A.

13. FATHER'S NAME: Leo George Ford
14. MOTHER'S MAIDEN NAME: Viola Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		—	Viola Ford (mother)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Natural causes — Unknown	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

795.5
200C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		—

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. MacKavanagh	M.D., Deputy Medical Examiner	LaPlata, Md.	3-4-50

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 5 1950	Pisgah - Home place	Pisgah	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 5, 1950	Mary Swetterlund	Leo George Ford. Father	Pisgah, Md.

4-0-1-16-0-249-46 9.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15A

RECEIVED
MAR 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02733

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Grayton
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maryland Point

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — Grayton
STREET ADDRESS (If rural, give location): Maryland Point

3. NAME OF DECEASED (Type or Print): (First) Edward — (Middle) — (Last) Hancock

4. DATE OF DEATH: (Month) March (Day) 3 or 4, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: about 1880

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: General farming

11. BIRTHPLACE (State or foreign country): Charles Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hancock

14. MOTHER'S MAIDEN NAME: Lisa Jane Tubman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Walter Hancock, Grayton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) .....

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably coronary occlusion — minutes

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John L. MacKavanagh, M.D., Deputy Medical Examiner, LaPlata, Md — 3-5-50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Oak Grove — LOCATION (City, town, or county) (State): Riverside Md

DATE REC'D BY LOCAL REG. 3, 8 1950 — REGISTRAR'S SIGNATURE: A V Thompson

24. FUNERAL DIRECTOR — ADDRESS: Stanley Penny Risgah Md

000VV

RECEIVED
MAR 13 1950
BUREAU V. S.

02734

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carol	Theresa	Herd	3	15	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Single	3-13-50	yrs.	0	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	Infant	La Plata Md	

13. FATHER'S NAME: James Herd
14. MOTHER'S MAIDEN NAME: Victoria Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		James Herd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
762.0 Immediate cause	(a) Probably, pulmonary atelectasis (neonatorum)	48 hrs.
161a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James L. MacKavanagh, M.D., Deputy Medical Examiner	La Plata, Md.	3-15-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/15/50	Sacred Heart	La Plata, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/15/50	Julia H. Casey	James Herd - Father	La Plata, Md

4-0-3-13-0-33-8-40-6

VS, A15A

RECEIVED
AUG 17 1950
U. S.

02735

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH · COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wicomico — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wicomico
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) (Last) Jenifer

4. DATE OF DEATH (Month) Mar. (Day) 28 (Year) 1950

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Mar. 25, 1866

9. AGE last birthday 84 yrs. — If under Months. — I year Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Self + others

11. BIRTHPLACE (State or foreign country) St. Marys Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jordan Warren

14. MOTHER'S MAIDEN NAME Ann Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Margaret Turner, Wicomico, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X Immediate cause (a) Congestive Heart Failure — 3-1-50

93d Antecedent cause(s) (b) Hypertensive Heart

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Disease — 1-6-47

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1947, to 3-28, 1950, that I last saw the deceased alive on 3-28, 1950, and that death occurred at 9 30 A. m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (Degree or title) M.D. — ADDRESS La Plata Md — DATE SIGNED 3-30-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 3/31/50 — NAME OF CEMETERY OR CREMATORY Trinity — LOCATION (City, town, or county) Wicomico, Md (State)

DATE REC'D BY LOCAL REG. 3/30/50 — REGISTRAR'S SIGNATURE Julia H. Pasey — 24. FUNERAL DIRECTOR Hunt + Ryan, Waldorf Md — ADDRESS

52086

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 3 1950
BUREAU V. S.

02736

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County: Charles

City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred: Indian Head

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Va County: Prince Wm

City or town: Woodbridge
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Silas Nelson

3. (b) Social Security Number

4. Sex: male

5. Color or race: wh

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Grace

6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.): April 15, 1867

8. AGE: Years 82 | Months 10 | Days 17 | If less than one day ... hrs. ... min.

9. Birthplace: Fairfax Co. Va
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: William Nelson
13. Birthplace: Fairfax Co Va

MOTHER
14. Maiden name: Julia Mae Maddox
15. Birthplace: Va

16. Informant: Mrs Bertha Olivet
Address: Woodbridge, Va

17. Removal Date thereof 3-2-1950
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Nelson Burial Ground

Location: Occoquan Va

18. Funeral director: R. W. Hall
Address: Occoquan Va

19. 3/2/50 19 Odey Price
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 2 1950 at 8.40 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 23 1950 to March 2 1950 and that I last saw h 1m alive on March 1 1950

Immediate cause of death	DURATION
Acute Myocarditis	3 days
Due to Cerebral Hemorrhage	7 days
Due to	
Other conditions Uremia	

331X
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D.
M. D. or other

Address: Indian Head Date signed 3/2/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
APR 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02737

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Chas. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys. Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marshall Hall; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) W (Last) PAINE

4. DATE OF DEATH: (Month) Mar. (Day) 21 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 2, 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Book Binder

10b. KIND OF BUSINESS OR INDUSTRY: Govt. Printing Office

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry W. Paine

14. MOTHER'S MAIDEN NAME: Sarah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Ethel Dixon 4105-13th Place N.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 3-21-50

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a (b) Gen. Art. Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1950 to 3-21, 1950, that I last saw the deceased alive on 3-21, 1950, and that death occurred at 5 PM m., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 3-21-50

22. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 3/24/50 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG. 3/22/50 | REGISTRAR'S SIGNATURE: Julia H. Posey | 24. FUNERAL DIRECTOR: J. Wm. Lee Sons Co. | ADDRESS: Washington DC

49647

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02738

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

1. PLACE OF DEATH:

County: Charles

City or town: Rural Hughesville, Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? All her life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Rural Hughesville, Maryland (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: MARY PROCTOR

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife: Herman Proctor

7. Birth date of deceased (mo., day, yr.): March 9, 1905 6.(c) If alive, give age: 45 years

8. AGE: Years	Months	Days	If less than one day
45		2	hrs. min.

9. Birthplace: Rural Hughesville, Chas. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Robert Cole

13. Birthplace:

MOTHER — 14. Maiden name: Olivia Johnson

15. Birthplace:

16. Informant: Herman Proctor, Husband

Address: Hughesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 15, 1950 (month) (day) (year)

Cemetery or crematory: St. Mary's Cemetery

Location: Bryantown, Maryland

18. Funeral director: Huntt & Ryon

Address: Waldorf, Maryland

19. 3/14/50 (Date rec'd by reg'r) 3/15/50 Julia H. Casey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11 Mar 1950, at 2 30/77 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11 Mar 1950 to 11 Mar 1950 and that I last saw h-e alive on 11 Mar 1950

	DURATION
Immediate cause of death: Congestive heart failure	
Due to: Coronary Thrombosis	3 D.
Due to:	
Other conditions: Extreme obesity	

420.1
94a

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Roy Smythe MD (M. D. or other)

Address: Mechanicsville Date signed: 3/13/50

RECEIVED
MAR 17 1950

02739

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

Lynne D. Cory

1. PLACE OF DEATH · COUNTY: CHARLES MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MD COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PATUXENT CITY — LENGTH OF STAY (in this place): 69 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X	STREET ADDRESS (If rural, give location): Rural Hughesville Md

3. NAME OF DECEASED (Type or Print)	(First) ISAIAH	(Middle) ROBERT	(Last) REEDER	4. DATE OF DEATH (Month) 3 (Day) 5 (Year) 1950
5. SEX: M	6. COLOR OR RACE: BLK	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED	8. DATE OF BIRTH: MAY 11 1881	9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Owner-FARMER	11. BIRTHPLACE (State or foreign country): Char Co MD	12. CITIZEN OF WHAT COUNTRY? NSA	
13. FATHER'S NAME: John Wesley Reeder		14. MOTHER'S MAIDEN NAME: Annie Thomas		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Wife - Estelle Reeder		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	4 Or
420.1 Antecedent cause(s)	(b) Arteriosclerosis generalized	5 yrs.
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Dec, 1949, that I last saw the deceased alive on Dec, 1949, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: Alfred R. Lapin, M.D. March 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3/9/50	NAME OF CEMETERY OR CREMATORY: Of Cherry	LOCATION (City, town, or county) (State): Brightown Md
DATE REC'D BY LOCAL REG.: 3/6/50	REGISTRAR'S SIGNATURE: M L Monroe	24. FUNERAL DIRECTOR: Hunt & Ryan	ADDRESS

3/8/50 Julia H Pasey

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1950
BUREAU V. R.

Evidence for change of age shown on:

FILM No. G 126 JUL 13 1950

02743

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Cleo (Middle) Elizabeth (Last) Stone

4. DATE OF DEATH (Month) March (Day) 16 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 14 1948
9. AGE last birthday 2 X yrs. If under 1 year Months | Days If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) Washington, D.C
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Stone
14. MOTHER'S MAIDEN NAME Cleo Kendrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Joseph Stone, Brandywine Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3-14-50

490 x Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

108 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15, 1950, to 3-16, 1950, that I last saw the deceased alive on 3-15, 1950 and that death occurred at 2:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. J. Eddelen M.D. Lab Pts Md 3-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/17/50
NAME OF CEMETERY OR CREMATORY St. Peters
LOCATION (City, town, or county) (State) Waldorf, Md

DATE REC'D BY LOCAL REG. 3/17/50
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR ADDRESS Hunt & Ryan, Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1950
BUREAU OF MINES

02740

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Port Tobacco
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS McConchie

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Port Tobacco
STREET ADDRESS (If rural, give location) McConchie

3. NAME OF DECEASED (Type or Print) (First) Beale (Middle) — (Last) Short

4. DATE OF DEATH (Month) 3 (Day) 10 (Year) 1950

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Aug. 15, 1885

9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm — Tenant

11. BIRTHPLACE (State or foreign country) Charles Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unk.

14. MOTHER'S MAIDEN NAME Simpronia Swann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Mary Edith Brown (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1 94a	Immediate cause	(a) Coronary artery disease	2-3 yrs.
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign hypertrophy of prostate — 2-3 yrs.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James L. MacKavanagh, M.D., Deputy Medical Examiner, La Plata, Md 3-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3/13/50

NAME OF CEMETERY OR CREMATORY St. Catherines

LOCATION (City, town, or county) (State) Port Tobacco Md

DATE REC'D BY LOCAL REG. 3/13/50

REGISTRAR'S SIGNATURE Julia H. Pasley

24. FUNERAL DIRECTOR ADDRESS Penny + Cafleer, Mason Springs, Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02741

CERTIFICATE OF DEATH

Reg. Dist. No. 160

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY Charles Md — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HARRISON (Middle) (Last) SMALLWOOD

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1950

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 1893

9. AGE last birthday: 57 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (State or foreign country): Charles Co

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Richard Smallwood

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Patrick Ford — 10x-10 St SE Washington D C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary thrombosis

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — 4 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Influenzal syndrome

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26, 1950 to March 27, 1950, that I last saw the deceased alive on March 26, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE Alfred R. Lapp, M.D. (Degree or title) — ADDRESS Aquasco, Md — DATE SIGNED March 28, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 3/30/50 | NAME OF CEMETERY OR CREMATORY St Mary | LOCATION (City, town, or county) (State) Bryantown Md

DATE REC'D BY LOCAL REG. 3/29/50 | REGISTRAR'S SIGNATURE M. L. Mourdock | 24. FUNERAL DIRECTOR Hunter & Ryon | ADDRESS Waldorf

4-1-50 Julia H. Posey

VS. A15

1202

RECEIVED
APR 4 1950
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02742

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown, Md
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brayantown Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Sophia (Last) Stewart

4. DATE OF DEATH (Month) 3 (Day) 2 (Year) 1950

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Aug 20, 1881

9. AGE last birthday 68 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) U.S.A Waldorf Charles Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry H. Nelson

14. MOTHER'S MAIDEN NAME Mary S. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Richard J. Stewart, Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Apoplexy

Antecedent cause(s)

442x 131a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vas. Renal Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1937 to 3/2, 1950, that I last saw the deceased alive on 3/2, 1950, and that death occurred at 8 50 A.m., from the causes and on the date stated above.

SIGNATURE Geo. L. Weber (Degree or title) M.D. ADDRESS Waldorf Md. DATE SIGNED 3/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 3-6-50

NAME OF CEMETERY OR CREMATORY St Marys

LOCATION (City, town, or county) Bryantown (State) Md

DATE REC'D BY LOCAL REG. 3-6-50 3-8-50

REGISTRAR'S SIGNATURE Wm L. Moore Julia H. Pasey

24. FUNERAL DIRECTOR Thurett & Ryan ADDRESS

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MAR 9 1950
BUREAU V. S.